

Appendix 6B  
SAFETY INVESTIGATION REPORT ENCLOSURE  
**ADVICE TO WITNESSES**

|   |                     |                   |                            |
|---|---------------------|-------------------|----------------------------|
| <p>THIS IS PART OF A NAVAL AIRCRAFT SAFETY INVESTIGATION REPORT<br/>LIMITED DISTRIBUTED AND SPECIAL HANDLING REQUIRED BY OPNAVINST 3750.6R<br/><b>THIS STATEMENT IS NOT PRIVILEGED AND MAY BE DISCLOSED.</b></p>  |                     |                   |                            |
| <p>PLEASE READ THIS STATEMENT CAREFULLY<br/>CERTIFY THAT YOU UNDERSTAND IT BY OUR SIGNATURE AT THE BOTTOM</p>   |                     |                   |                            |
| <p>I understand that:</p> <ul style="list-style-type: none"><li>a. I have been requested to voluntarily provide information to a board conducting an investigation of a naval aircraft mishap.</li><li>b. I AM NOT being requested to provide statement under oath or affirmation.</li><li>c. Disclosure of personal information by me is voluntary, and that failure to provide such information will have no direct effect on me.</li><li>d. The purpose of the information provided by me is to determine the cause of naval aircraft mishap and/or the damage and/or injury occurring in connection with that mishap.</li></ul> <p>All information provided by me to the Aircraft Mishap Board will be used ONLY for safety purposes.</p> |                     |                   |                            |
| <p>1. STATEMENT (Continue on reverse and/or attach separate sheet(s) as necessary)</p>  |                     |                   |                            |
| <p>2. PRINTED NAME (First, Middle, Last)</p>  |                     |                   | <p>3. SIGNATURE</p>        |
| <p>4. DATE</p>  | <p>5. RANK/RATE</p> | <p>6. SERVICE</p> | <p>7. TELEPHONE NUMBER</p> |
| <p>8. ADDRESS WHERE YOU MAY BE LOCATED</p>  |                     |                   |                            |